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PATIENT DROP OFF QUESTIONNAIRE

CLIENT NAME: PET NAME: DATE:

PLEASE ANSWER THE FOLLOWING QUESTIONS IN DETAIL SO WE CAN BETTER HELP YOUR PET. WE LOOK FORWARD TO PROVIDING EXCELLENT CARE FOR YOUR PET.

What is the reason for your visit today?

Has your pet been examined elsewhere for the same problem? Did they perform any tests/x-rays? What was the outcome?

Is your pet taking any medications? What are the medications and how often do you administer them?

Is your pet allergic to any medications? What are they?

Please authorize the following fees:
[] Please call with an estimate
[] I authorize diagnostics and treatment up to:
[] \$100 [] \$200 [] \$300 [] \$400
YOU MAY BE REQUIRED TO LEAVE A DEPOSIT BY TELEPHONE

DROP OFF AND PICK UP TIMES
Please call ahead to advise us you need to drop your pet off.
Bring your pet in with this completed form.
Bring your pet's medications and any records, radiographs, etc.
Your pet needs to be picked up by 6:30 pm unless it is hospitalized.
After examining your pet we will contact you as soon as possible.

TELEPHONE NUMBER FOR TODAY:

Table with 3 columns: PLEASE ANSWER THE FOLLOWING QUESTIONS, YES, NO. Contains 20 questions about pet health and behavior.

Notes for the doctor and staff

CLIENT SIGNATURE